

**The Kentucky Board of Licensure and Certification  
For Dietitians and Nutritionists  
Phone: 502-564-3296, ext. 227  
FAX: 502-696-1929 or 502-564-4818**

**Continuing Education Approval Form**

1. Individual/Provider Requesting Approval: \_\_\_\_\_

2. Program Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Daytime Phone: \_\_\_\_\_

3. Program Title: \_\_\_\_\_ (Attach agenda, brochure, etc.)

4. Program Date(s): \_\_\_\_\_ Time of Program: \_\_\_\_\_

5. Hours Requested: \_\_\_\_\_ (sixty (60) minutes = 1 CE Hour)

6. Current Status - check one:

Licensed Dietitian \_\_\_\_\_ Certified Nutritionist \_\_\_\_\_ Dual \_\_\_\_\_

7. Is this program part of your CDR Portfolio Program Yes \_\_\_\_\_ No \_\_\_\_\_

8. Person to receive CE reporting form: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**Return completed form to: The Kentucky Board of Licensure and Certification  
for Dietitians and Nutritionists  
PO Box 1360  
Frankfort, KY 40602**

**FOR BOARD USE ONLY**

Date Reviewed: \_\_\_\_\_ Approve: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Deferred: \_\_\_\_\_  
(See below)

Maximum allowable hours: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Additional information needed for review by the Board: \_\_\_\_\_

\_\_\_\_\_